

The Past, Present and Future of Infection Control in Australia

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Objectives

- Australia, states and territories
- Australasian College for Infection Prevention and Control
- Infection prevention and control workforce
- National infection prevention and control standards
- National Hand Hygiene Initiative
- Healthcare associated infection surveillance



Australia

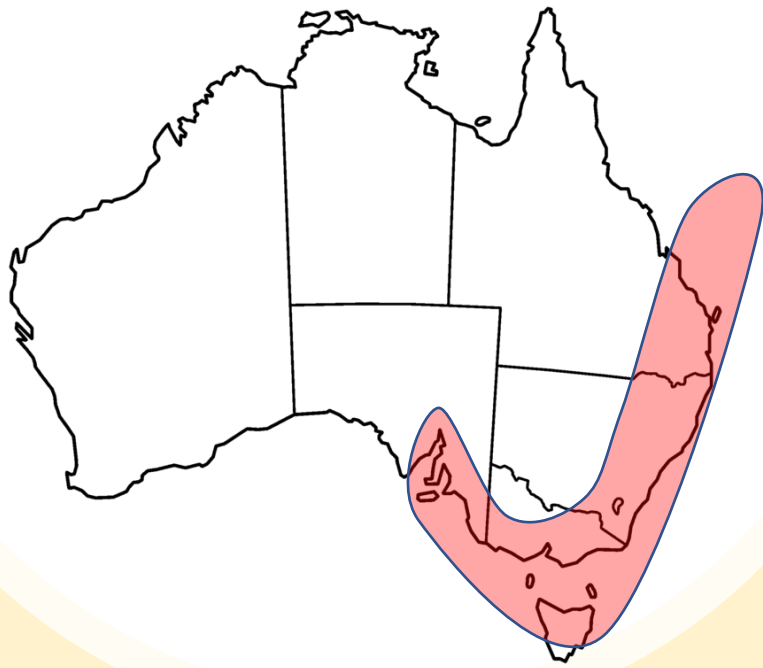




Australia

- Federation - 6 States and 2 Territories
- One Commonwealth Government
- Population 26 million





Australia

- Federation - 6 States and 2 Territories
- One Commonwealth Government
- Population 26 million
- 75% population live on eastern states
- Public health – free access
 - Funded by both Commonwealth and S/T governments
- Private Health system
- 1400 hospitals (55% public)



History of Australian infection control organisations

Each state and territory had an organisation

1970's

1985

2012



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Australian Infection Control Association (AICA). Each state and territory kept its organisation



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1985

State and territory organisations disbanded and to establish the Australasian College for Infection Prevention and Control (ACIPC)



2012



ACIPC

Australasian College
for Infection Prevention and Control

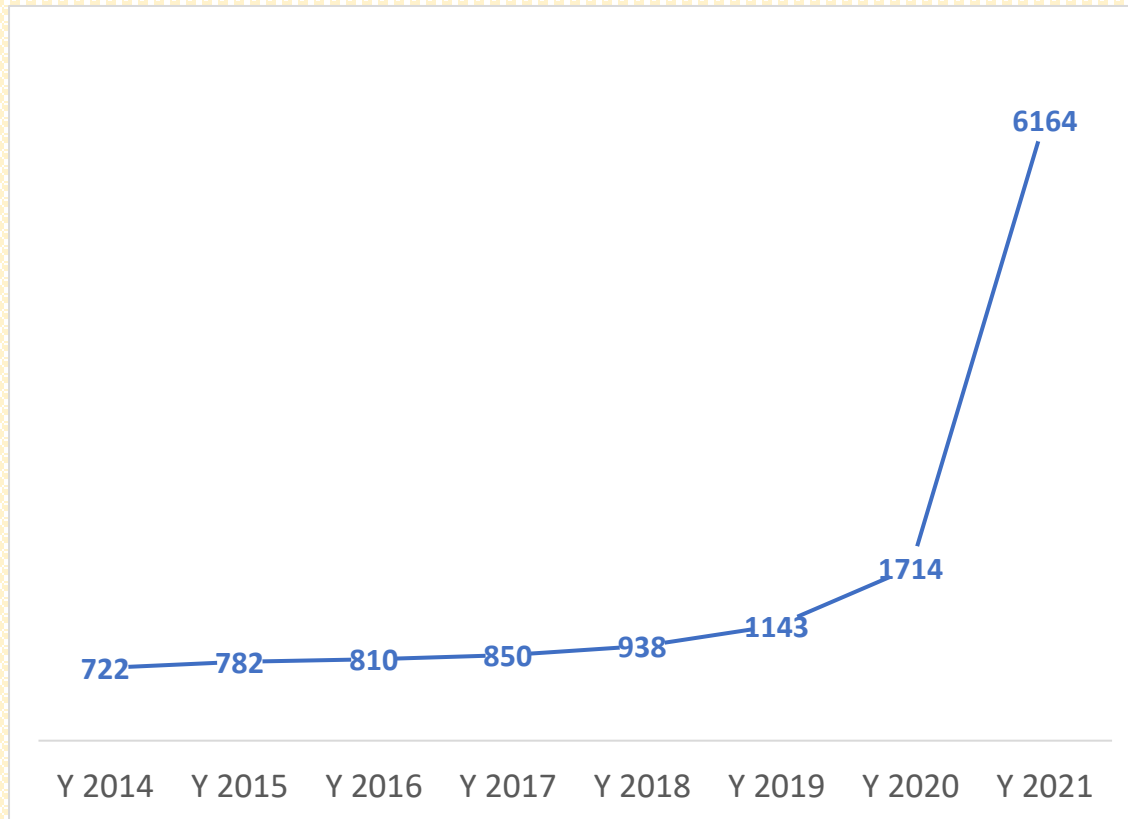
Professional
organisation

- Established in 2012
- > 6000 members
 - Nurses
 - Aged care workers
 - Industry professionals
 - Scientists
 - Academics
 - Educators
 - Policy makers
 - Health care professionals



ACIPC
Australasian College
for Infection Prevention and Control

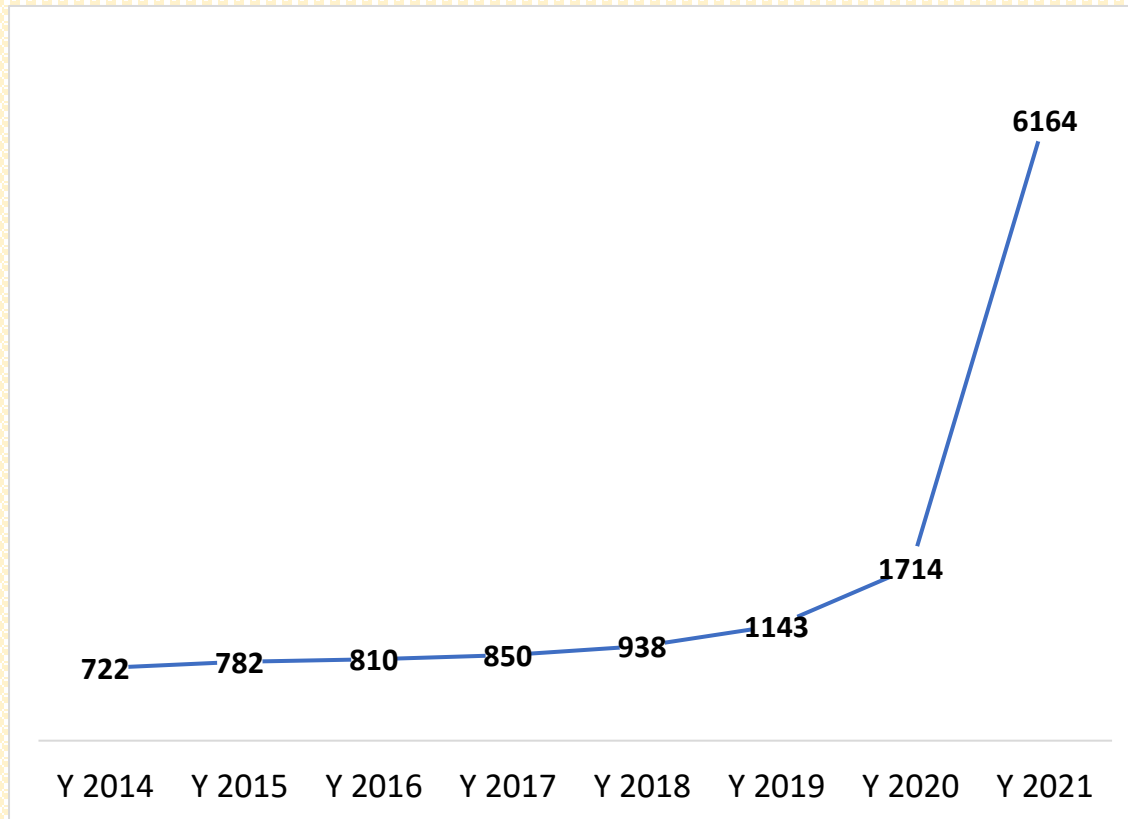
ACIPC membership growth





ACIPC
Australasian College
for Infection Prevention and Control

ACIPC membership growth



Activities

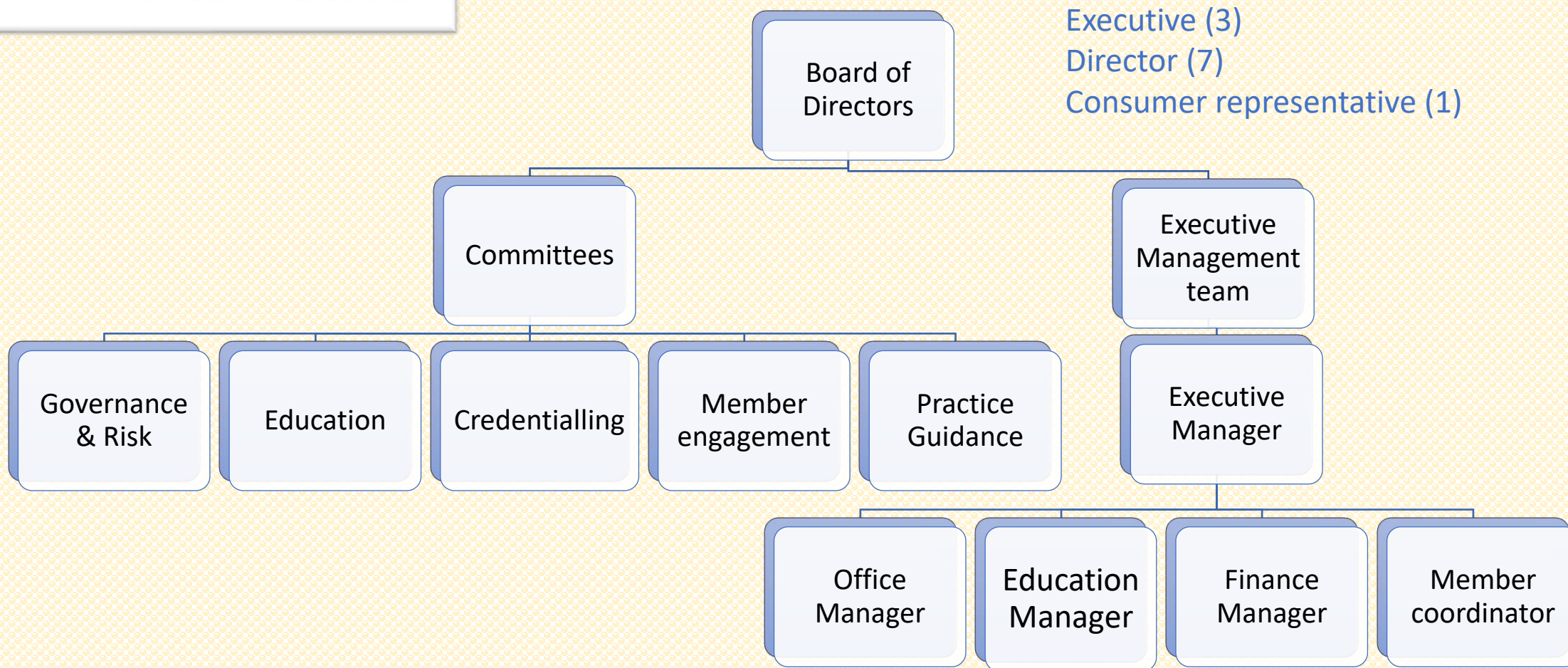
- Education
- Advocacy
 - Represented on Commonwealth and S/T groups
- Credentialing
- Annual Conference
 - 13-16 November 2022
Sydney, Australia



ACIPC

Australasian College
for Infection Prevention and Control

Organisational structure



Infection Disease and Health



Impact Factor 2.3

Q1 Journal in field of Nursing



IPC Workforce Education

Masters in Infection
Prevention and Control
(2 years) – University

Must have health
related bachelors
degree (health
related)

Foundations in Infection
Prevention and Control
(26 weeks) – ACIPC

No entry
requirements, but
academic level of
university

Infection Control and
Sterilisation (6 weeks) –
Mayfield Education
Centre

Target audience is
sterilisation
workers

Who are IPCs in Australia?

N=300

53% aged over 50 years old

32% have worked in IPC for > 10 years

54% Bachelor of Nursing
- Public Health, Education

18% Diploma of Nursing

57% specific IPC training

What do IPCs do in Australia

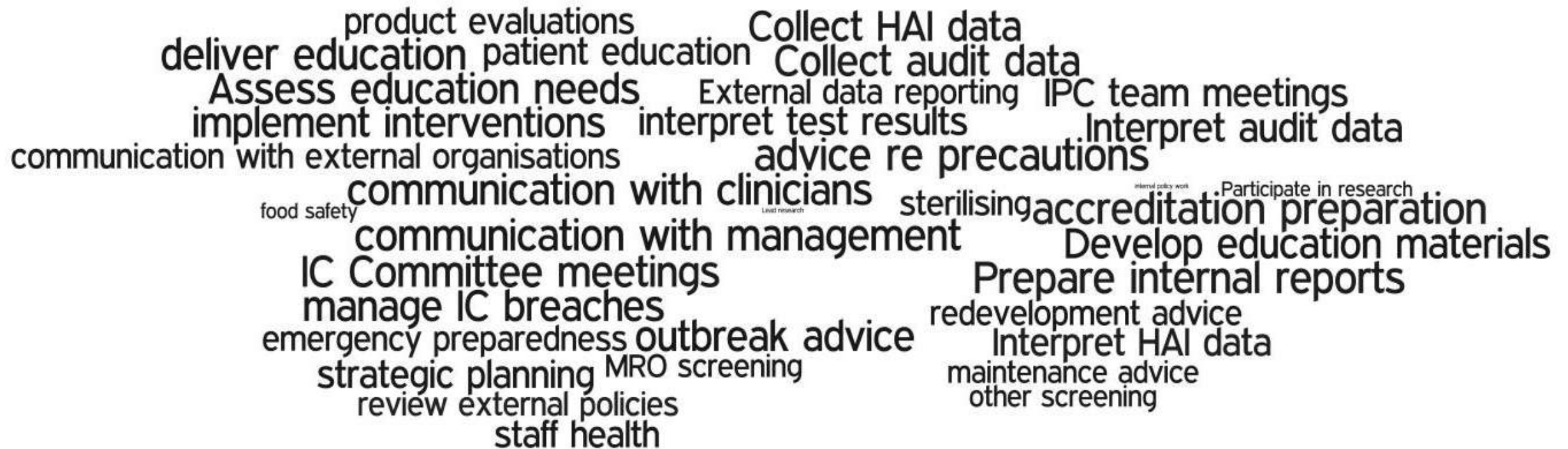


Fig. 1. Word Cloud of ICP activities. The size of the word is representative of the number of ICPs undertaking each activity.

What do IPCs do in Australia

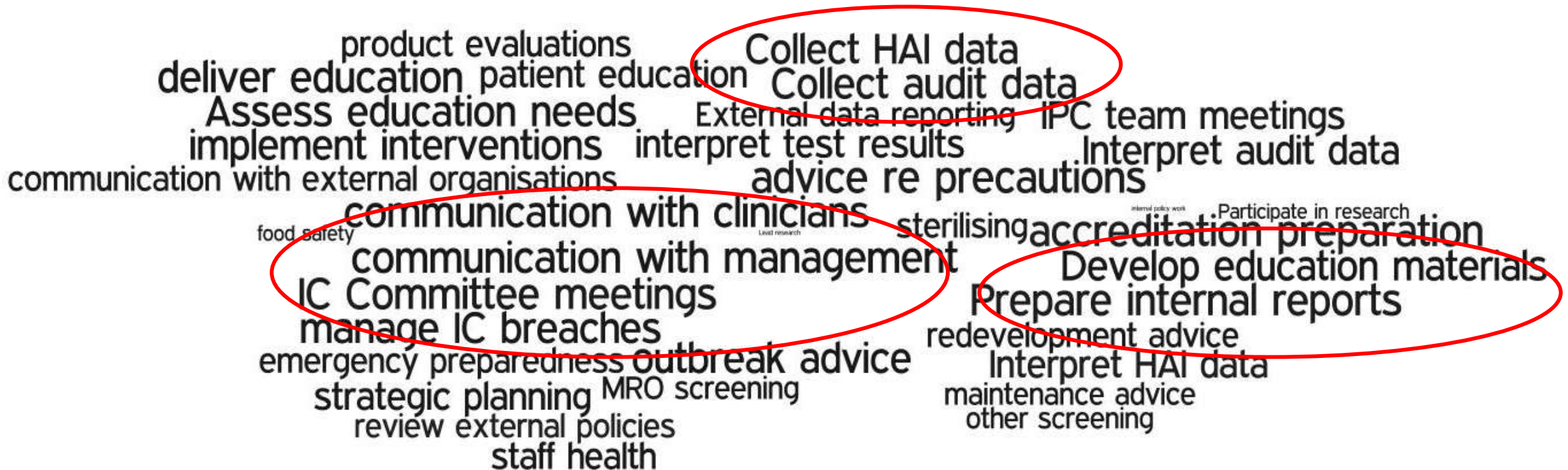


Fig. 1. Word Cloud of ICP activities. The size of the word is representative of the number of ICPs undertaking each activity.

What do IPCs do in Australia

Daily activity (n=294)	N (%)
Prevention and control of transmission of infectious agents	167 (56.8)
Surveillance and epidemiological investigation	160 (54.4)
Education	52 (17.7)
Communication and/or organisational support activities	168 (57.1)
Administration	203 (69.0)
Research	11 (3.7)

Fig. 1. Word Cloud of ICP activities. The size of the word is representative of the number of ICPs undertaking each activity.

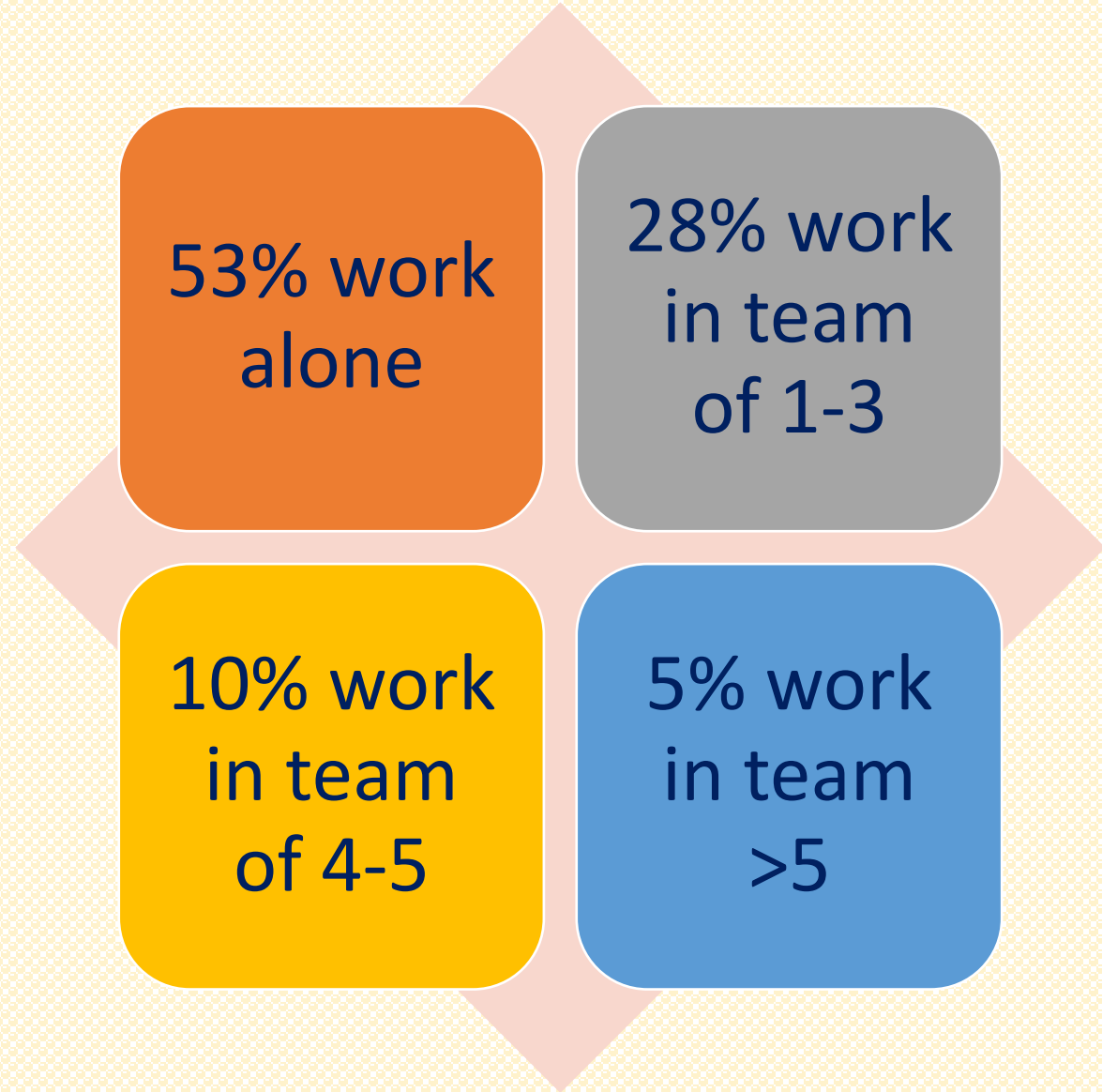
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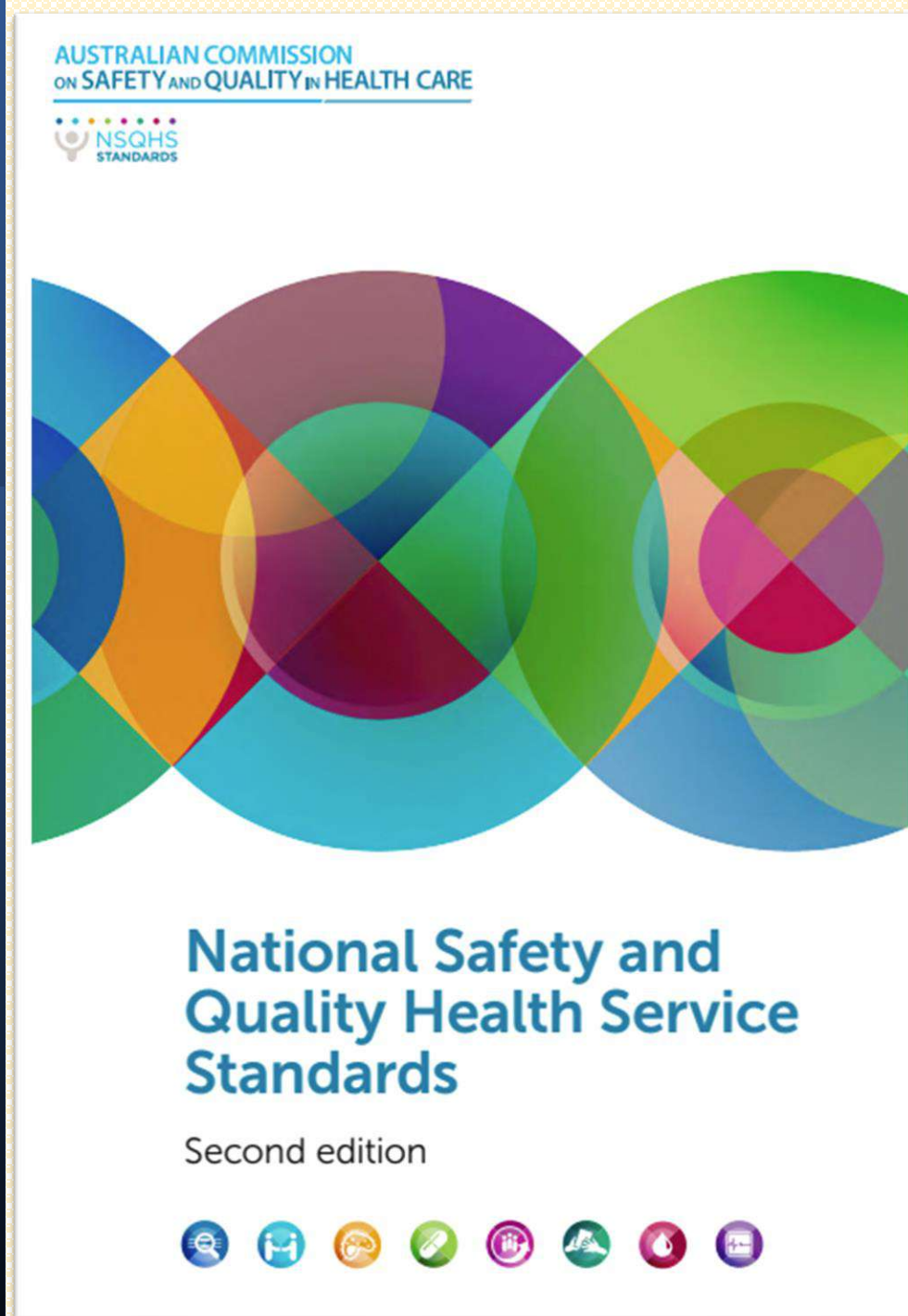
22% never undertaken research

Fig. 1. Word Cloud of ICP activities. The size of the word is representative of the number of ICPs undertaking each activity.

IPC teams



National Standards



National Standards



Clinical Governance Standard



Partnering with Consumers Standard



Preventing and Controlling Healthcare-Associated Infection Standard



Medication Safety Standard



Comprehensive Care Standard



Communicating for Safety Standard



Blood Management Standard



Recognising and Responding to Acute Deterioration Standard

National Standards



Clinical Governance Standard



Partnering with Consumers Standard



Preventing and Controlling Healthcare-Associated Infection Standard



Medication Safety Standard



Comprehensive Care Standard



Communicating for Safety Standard



Blood Management Standard



Recognising and Responding to Acute Deterioration Standard



Preventing and Controlling Healthcare-Associated Infection Standard

National
Standard

Leaders of a health service organisation describe, implement and monitor systems to prevent, manage or control healthcare-associated infections and antimicrobial resistance, to reduce harm and achieve good health outcomes for patients. The workforce uses these systems.

Intention of this standard

To reduce the risk of patients acquiring preventable healthcare-associated infections, effectively manage infections if they occur, and limit the development of antimicrobial resistance through prudent use of antimicrobials as part of antimicrobial stewardship.



National Standards

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE



National
Quality
Standards

Second edition



1. Clinical governance and quality improvement to prevent and control healthcare-associated infections, and support antimicrobial stewardship

- Clinical Governance
- Quality improvement
- Consumers
- Surveillance

National Standards

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE



2. Infection prevention and control systems

- Standard and transmission based precautions
- Hand hygiene
- Aseptic technique
- Cleaning
- Invasive devices
- Immunisation

National Safety and Quality Health Service Standards

Second edition



National Standards

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE



3. Reprocessing of reusable medical devices

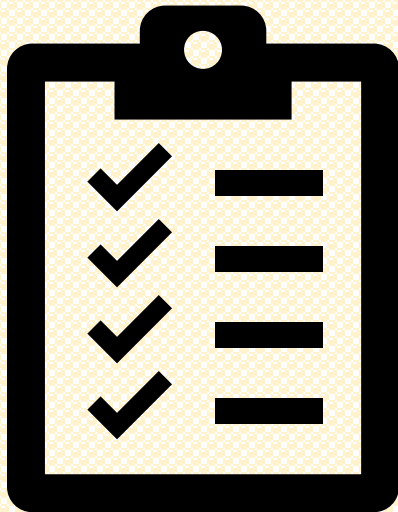
4. Antimicrobial stewardship

National Safety and Quality Health Service Standards

Second edition



National Standards and Accreditation



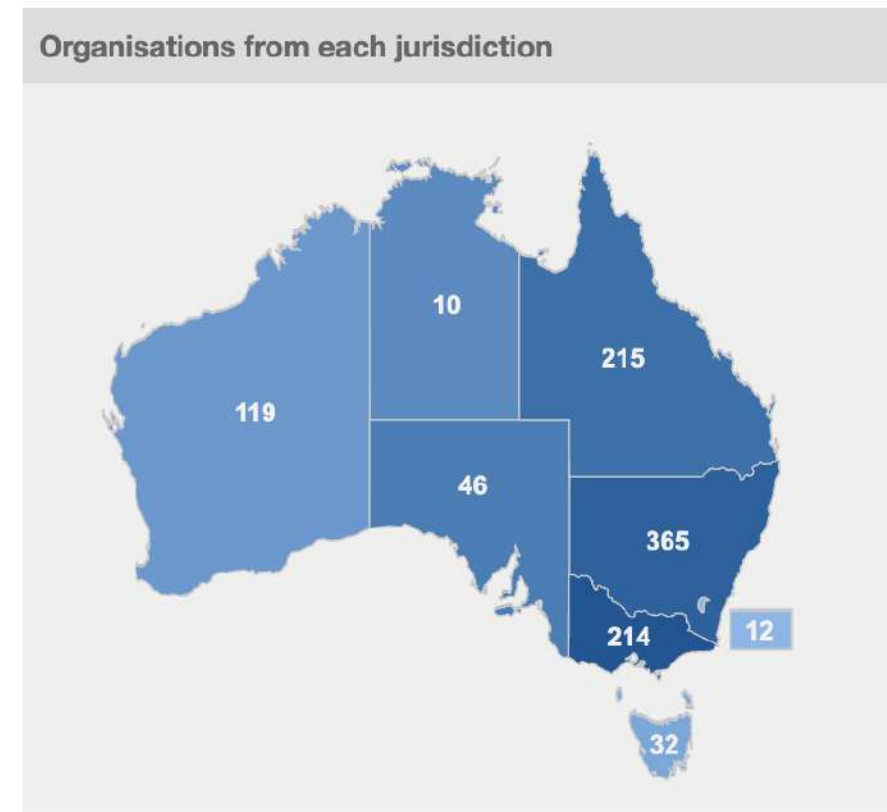
All public and private hospitals, day procedure services and public dental practices are required to be accredited to the NSQHS Standards

National Hand Hygiene Initiative



- Online training modules
- Auditing training
- Mandatory national audits 3 times per year
- Hospitals must audit a certain number of “moments” depending on their size
- National data

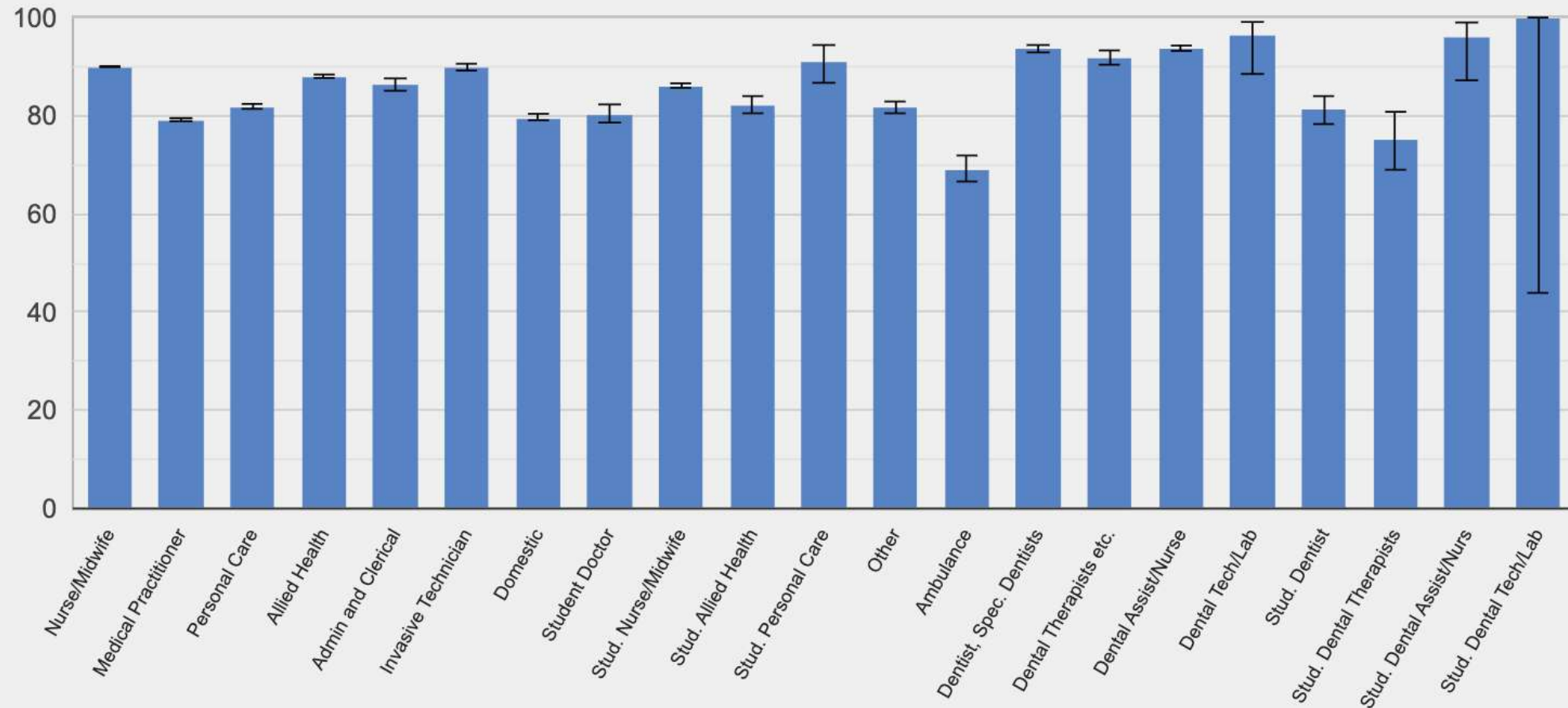
National Hand Hygiene Initiative



National Hand Hygiene Initiative



Compliance Rate by HCW Type



Surveillance of healthcare associated infections

- No national surveillance program

Surveillance of healthcare associated infections

- No national surveillance program

	New South Wales	Queensland	South Australia	Tasmania	Victoria	Western Australia
Central line associated BSI in ICU	✓	✓	✓	✗	✓	✓
CABG	✓	✓	✗	✗	✓	✗
Hip prosthesis	✓	✓	✗	✗	✓	✓
Knee prosthesis	✓	✓	✗	✗	✓	✓
Lower Caesarean section	✗	✗	✗	✗	✓	✗
SSI post-discharge surveillance	✗	✓	✗	✗	✓	✓
NHSN definitions	✓ ¹	✓ ¹	✓	NA	✓	✓ ¹
All MRSA infections	✗	✓	✓	✗	✗	✓
Hospital-wide BSI	✗	✓	✓	✗	✗	✗

VICNISS - Victoria

- Established 2002
- Large and small hospitals, public and private
- Education and training
- Surveillance manuals/modules
- Data collection tools (online portal)
- Hospital and aggregated data
- Feedback mechanisms (high rates, not undertaking appropriate surveillance)

VICNISS - Victoria (established 2002)

Mandatory for all health services

- *Staphylococcus aureus* Bacteraemia (SAB)
- *Clostridioides difficile* Infection (CDI)
- Healthcare worker seasonal influenza vaccination

Mandatory for all public AND private health services with an intensive care unit or neonatal intensive care unit

- Central line-associated bloodstream infections in intensive care
- Central line and peripheral line associated bloodstream infections in neonatal intensive care

VICNISS - Victoria (established 2002)

Mandatory for all public AND private health services performing significant amounts of surgery

- *Surgical site infection surveillance*

Optional Modules

- Outpatient Haemodialysis events
- Ventilator Associated Events
- Central line insertion practices
- Colorectal process adherence monitoring

VICNISS - Victoria (established 2002)

Modules for smaller hospitals

- Surgical antibiotic prophylaxis
- Occupational exposures
- Peripheral venous catheter use
- Multi-resistant organisms
- Surgical infection event
- Healthcare worker measles/hepatitis B vaccination

Challenges

- Short term

- Workforce fatigue
- Aged care facilities

- Long term

- National surveillance
- Aged care facilities
- Appropriate expertise

Thank you from Melbourne, Australia



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 @PLR_aus

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**SYDNEY, AUS
& ONLINE**

LEADING THROUGH THE EXPANDING HORIZONS OF IPC

13-16
NOV **22**